

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 575998

FILING DATE

APPLICANT(S)

10/5/04 CLAIMS

| AS FILED |      | AFTER<br>1 <sup>ST</sup> AMENDMENT |      | AFTER<br>2 <sup>ND</sup> AMENDMENT |      |
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[REDACTED]

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| AS FILED |      | AFTER<br>1 <sup>ST</sup> AMENDMENT |      | AFTER<br>2 <sup>ND</sup> AMENDMENT |      |
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| TOTAL<br>CLAIMS |  |  |  |  |  |
| [REDACTED]      |  |  |  |  |  |